

CLAIMS ONLY

Application Number

101530 920

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/				51			
2			/		/				52			
3			/		/				53			
4			/		/				54			
5			/		/				55			
6			/		/				56			
7			/		/				57			
8			/		/				58			
9			/		/				59			
10			/		/				60			
11			/		/				61			
12			/		/				62			
13			/		/				63			
14			/		/				64			
15			/		/				65			
16			/		/				66			
17			/		/				67			
18			/		/				68			
19			/		/				69			
20			/		/				70			
21			/		/				71			
22			/		/				72			
23			/		/				73			
24			/		/				74			
25			/		/				75			
26			/		/				76			
27			/		/				77			
28			/		/				78			
29			/		/				79			
30			/		/				80			
31			/		/				81			
32			/		/				82			
33			/		/				83			
34			/		/				84			
35			/		/				85			
36			/		/				86			
37			/		/				87			
38			/		/				88			
39			/		/				89			
40			/		/				90			
41			/		/				91			
42			/		/				92			
43			/		/				93			
44			/		/				94			
45			/		/				95			
46			/		/				96			
47			/		/				97			
48			/		/				98			
49			/		/				99			
50			/		/				100			
Total Indep			/		/				Total Indep			
Total Depend			31		31				Total Depend			
Total Claims			32		32				Total Claims			